



REQUEST FOR RECERTIFICATION COURSE ACCREDITATION

Washington State Department of Agriculture
Pesticide Management Division
PO Box 42589
Olympia WA 98504-2589
Toll Free 877-301-4555
FAX: (360) 902-2093

The Washington State Department of Agriculture's (WSDA) goal is to process your request for accreditation as quickly as possible. **Please read the attached cover letter and WSDA Recertification Policy Summary carefully.** Complete and submit this form with your meeting agenda. This form is on the Internet at: www.wa.gov/agr/pmd/docs/forms/4286.pdf.

[WSDA OFFICE USE ONLY]

Course Number: _____ Class Code: _____ Co. Code: _____

1. **Program date(s)**, (include month, day and year): _____
2. **Is the meeting**, OPEN ☐ or CLOSED ☐ (i.e. attendance by invitation only)
(Open courses will be posted on the WSDA Web site.)

Comments: _____

3. **Location meeting will be held:**

_____ Facility _____ City/Town _____ State

4. **Organization/Agency sponsoring the meeting:**

5. **Contact person's name:** _____ E-mail _____

6. **Contact person's telephone number:** _____ - _____
Area Code Number Extension

7. **Contact person's FAX number:** _____ - _____
Area Code Number

8. **Title of Meeting:** _____
(example: WA Bean Growers Assn. Herbicide Seminar)

9. **Should we mail or FAX the attendance roster(s)?**

☐ **FAX** _____
Include number if different from above

☐ **Mail to:** _____

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Total Credits: _____